FORM D **BEST AVAILABLE COPY**



UNITED STATES RECEIVED
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 200549

Q JAN 1 8 2005

OMB Number: Expires: May 31, 2005 Estimated average burden hours per response 16.00

NOTICE OF SALE PURSUANT TO REGULA SECTION 4(6), AND/OR

SEC	USE OI	VLY
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00050325	FORM LIMITED OFFERING EXEM	PTION
Name of Offering (1) cases	.iendment and name has changed, and indicate change.)	
KickMail, LLC, Offering of up to \$	400,000 of Series B Preferred Stock	
Filing Under (Check box(es) that apply): Type of Filing: New Filing An	Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
;	A. BASIC IDENTIFICATION DATA	PROCESSED-
1. Enter the information requested about	the issuer	IAM O C anno
Name of Issuer (check if this is an am	endment and name has changed, and indicate change.)	JAN 2 0 2005
KickMail, LLC		THOMSON
Address of Executive Offices 2 20th Street North, Suite 200, Birm	(Number and Street, City, State, Zip Code) ningham, Alabama 35203	Telephone Number (FINANO) (205) 244-5800
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City. State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
and services.	created for the sole purpose of developing and sell	ing web-based communications products
Type of Business Organization		
business trust		please specify):
Oustriess a disc	in the	d liability company
Actual or Estimated Date of Incorporation o Jurisdiction of Incorporation or Organizatio	Month Year r Organization: 0 9 0 2 Actual Esti n: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
77d(6). When To File: A notice must be filed no lat and Exchange Commission (SEC) on the ear	g of securities in reliance on an exemption under Regulation D or ter than 15 days after the first sale of securities in the offering lier of the date it is received by the SEC at the address given be	. A notice is deemed filed with the U.S. Securities
	United States registered or certified mail to that address.	0640
	nge Commission. 450 Fifth Street. N.W. Washington, D.C 20 ice must be filed with the SEC, one of which must be manually bear typed or printed signatures.	
	ontain all information requested. Amendments need only repo and any material changes from the information previously suppl	
Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliance ULOE and that have adopted this form. Is are to be, or have been made. If a state rec	e on the Uniform Limited Offering Exemption (ULOE) for sa suers relying on ULOE must file a separate notice with the quires the payment of a fee as a precondition to the claim for filed in the appropriate states in accordance with state law	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
	ATTENTION -	
	priate states will not result in a loss of the federal e result in a loss of an available state exemption unle	
Persons who	respond to the collection of information contained i	n this form are not

SEC 1972 (6-02)

required to respond unless the form displays a currently valid OMB control number.

1 of 9

BASIC IDENTIFICATION DATA Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years, · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Promoter Executive Officer Check Box(cs) that Apply: Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Kreger, James T. Business or Residence Address (Number and Street, City, State, Zip Code) 2 20th Street North, Suite 200, Birmingham, AL 35203 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Milam, Nathan D. Business or Residence Address (Number and Street, City, State, Zip Code) 5055 Kelly Drive, Trussville, AL 35173 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Leath, Alex B. Business or Residence Address (Number and Street, City, State, Zip Code) 4405 Old Brook Run, Birmingham, AL 35243 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Rhodes, W. Carlton Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 429, Birmingham, AL 36003 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		!		В	. INFORM	ATION AB	OUT OFFE	RING				
I Used	. 1 1	14		المالة المعاملة	U :		A i	in shi e	Santanon		Yes	No ren
1. mas in	e issuer so:	ia, or does	the issuer							*******	🗆	X
					o in Appen							
2. What is	s the minin	num inves	tment that	will be ac	cepted fror	n any indi	vidual?	• • • • • • • • • • • • • • • • • • • •			S <u>50,</u>	00.00
3. Does th	ne offering	permit jo	int owners	hip of a si	ngle unit?		************				Yes	N° □
4. Enter t	he informa	tion reque	sted for ea	ch person	who has b	een or wil	l be paid o	r given, di	rectly or i	ndirectly,	any	
			eration for									
			issociated p broker or d									
			set forth th									
Full Name	(Last nam	e first, if in	idividual)								_	
		1										
Business o	or Residenc	e Address	(Number at	nd Street. (City, State.	Zip Code)						
Name of A	Associated	Broker or	Dealer		·	<u></u>						
		<u></u>									<u> </u>	
			Has Solicit									
(Chec	ck "All Stat	es" or chec	ck individua	il States)	***********		************		***************************************	···	L P	All States
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[R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	(VA)	[WA]	[WV]	[WI]	(WY)	[PR]
Full Name	(Last name	e first, if in	ndividual)									
Business (or Residenc	e Address	(Number a	nd Street,	City, State	, Zip Code)					
Name of A	Associated	Broker or	Dealer	· · · · · · · · · · · · · · · · · · ·								
States in \	Which Pers	on Listed	Has Solicit	ed or Inten	nds to Solic	it Purchase	ers				··	
(Chec	k "All Stat	es" or chec	k individus	l States)			· · · · · · · · · · · · · · · · · · ·	**********		•••	🗆 🗸	All States
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[MT]	(NE]	[VV]	[NH]	[[[]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if in	dividual)									
Business o	or Residenc	e Address	(Number a	nd Street,	City, State,	Zip Code)					
Name of A	Associated	Broker or	Dealer									
States in V	Which Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	ck "All Stat	es" or chec	k individus	l States)				·····			🗆 🗗	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]
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	OFFE	ERING PRICE, NUMBER OF INVESTORS, EXPENSE	ES AND USE OF PROCEEDS	
!	sold. Enter "0" if the answer is this box and indicate in the	ice of securities included in this offering and the tota "none" or "zero." If the transaction is an exchange columns below the amounts of the securities offered	e offering, check	
	already exchanged. Type of Security		Aggregate Offering Price	Amount Already Sold
	Dohe		5 0	\$ 0
	Equity	☐ Common 😿 Prefer		3 400,000
	Convertible Sequenties (inch	luding warrants)		S 0
	: '	munik waitanis)		
		in Appendix, Column 3. if filing under ULOE.	\$ 400,000	\$ 400,000
2. E	offering and the aggregate dol the number of persons who l	and non-accredited investors who have purchased lar amounts of their purchases. For offerings under R have purchased securities and the aggregate dollar inter "O" if answer is *'none" or "zero."	tule 504, indicate	
	; ; ;		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		2	S_400,000
				S 0
	•	under Rule 504 only)	-	S 0
	• • • • • • • • • • • • • • • • • • • •	lso in Appendix, Column 4, if filing under ULOE.		
3. I	If this filing is for an offering un sold by the issuer, to date. in o	nder Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) more offering. Classify securities by type listed in Part	nths prior to the	
	Type of Offering		Type of Security	Dollar Amount Sold
	Rule 505		<u></u>	\$
	Regulation A	•••••	<u></u>	\$2
	Rule 504			<u> </u>
	Total			s
4	securities in this offering. Exc The information may be given	expenses in connection with the issuance and di- clude amounts relating solely to organization expens in as subject to future contingencies. If the amount of the and check the box to the left of the estimate.	es of the insurer.	
	Transfer Agent's Fees			S
		Costs		S
	Legal Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S
	Accounting Fees	•••••		S
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	-	rify finders' fees separately)		S
				S
				\$ none
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				A FINENCES - NO. 11		0.00000	·
		OFFERING PRICE, NUMBER OF I	NVESTOR	S, EXPENSES AND U	SE OF PRO	OCEEDS	·····
	and total expenses	nce between the aggregate offering pric furnished in response to Part CQuestio er."	n 4.a. This (lifference is the "adjus	ted gross		s <u>400,000.00</u>
5.	each of the purpo check the box to the	amount of the adjusted gross proceed to es shown. If the amount for any purpo e left of the estimate. The total of the pa- sucr set forth in response to Part CQ	se is not kr yments liste	own, furnish an estim I must equal the adjust	ate and		
						Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	!			[] \$	
	Purchase of real e	tate] S	s
	Purchase, rental of and equipment	leasing and installation of machinery	*********) s	s
	Construction or le	ising of plant buildings and facilities] S	
	offering that may	re businesses (including the value of se se used in exchange for the assets or se	curities of	inother	۳-	3 e	
		merger)btedness				_	_
						-	_
	Other (specify): _	•] .	
] \$	
	Column Totals	; } }			Г	1s	S 400,000.00
	Total Payments Li	ted (column totals added)					0,000.00
		D. 1	FEDERAL	SIGNATURE			
							
sign	iature constitutes ai	ed this notice to be signed by the unders undertaking by the issuer to furnish to d by the issuer to any non-accredited in	he U.S. Se	urities and Exchange	Commissio	on, upon written	
ssu	er (Print or Type)	Signa	ture/	10	D	ate	
Kie	kMail, LLC		XV2 1	a	1	-17 -05	
Nan	ne of Signer (Print o	Title	£Signer (P	rint or Type)		- · · · · · · · ·	
Jar	nes T. Kreger	Chief	Operating	Officer			
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	Intentional	misstatements or omissions of fac	ATTENT	IUN	iolatione	(See 18 II S.C	: 1001.)
	memorial	modelements of chitspiolis of Ide		o rousial critilial A		. ,	

L	<u> </u>	E. STATE SIGNATURE							
ì.		CFR 230.262 presently subject to any of the disqualification Yes No							
		See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby D (I 7 CFR 239,500) at such ti	undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form mes as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	limited Offering Exemption (L	ents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform JLOE) of the state in which this notice is filed and understands that the issuer claiming the availability den of establishing that these conditions have been satisfied.							
	ter has read this notification and lathorized person.	knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned							
Issuer (P	rint or Type)	Signature Date							
KickM	Iail, LLC	/m 0 1-12-07							
Name (P	rint or Type)	Title (Print of Type)							
James '	T. Kreger	Chief Operating Officer							

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed

		· · ·		AF	PENDIX						
1	Intend to non-a investor	2 to sell accredited as in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	: No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		X	Preferred Security \$400,000	2	400,000	0	0		X		
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		i	·	APP	ENDIX						
ţ	Intend to non-a	2 it to sell coredited s in State ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)		
State	Yes	. No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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		1		APPI	ENDIX					
ı	Intend to sell and aggregate offering price offered in state (Part B-Item I) Type of security and aggregate offering price offering price offered in state (Part C-Item I)			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No _	
PR										